

The Immunization Status Summary Report Packet

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- 2013-2014 Child Care/Preschool Immunization Status Report (Form)



Missouri Child Care and Preschool Immunization Requirements Screening Tool

Many Missouri children receive vaccines based on the **recommended** schedule from the Advisory Committee on Immunization Practices (ACIP), ensuring that children are well protected against vaccine-preventable diseases. This chart is a **basic screening tool** for child care providers to determine which vaccines children in care need to have in order to be in compliance with state immunization **requirements**. There may be some additional spacing requirements not included on this **basic screening tool**.

STEP 1: Determine child's age.

STEP 2: Review the immunization requirements for the child's age.

STEP 3: Count the number of doses required for each vaccine category.

STEP 4: Check dose and spacing on children **19 months and older**.

STEP 5: If a Parent/Guardian Exemption is on file; ensure it reflects the current year.

STEP 6: If an In progress card is on file, check the due date for the next dose. Due to the spacing requirements of the vaccine series, this appointment must be kept. If the appointment is **not** kept the child is no longer in progress and is noncompliant.

VACCINES REQUIRED FOR CHILD CARE AND PRESCHOOL ATTENDANCE	DOSES REQUIRED BY THE TIME THE CHILD IS				SPACING REQUIREMENTS If the vaccine is given 4 days early, the child is considered adequately immunized.
	3 MONTHS	5 MONTHS	7 MONTHS	19 MONTHS AND OLDER	
DTaP/DT	1	2	3	4	At least 6 months between doses 3 and 4.
IPV (Polio)	1	2	2	3	
Hib	1	1	2	3 → 2 → 1 →	<ul style="list-style-type: none"> 3 doses with final dose on or after 12 months of age; or 2 doses with 1 dose on or after 12 months of age; or 1 dose on or after 12 months of age; or If the current age is 5 years or older, no new or additional doses are required.
Hepatitis B	1	2	2	3	<ul style="list-style-type: none"> Last dose must be on or after 24 weeks (6 months) of age.
PCV (Pneumococcal Conjugate, Prevnar)	1	2	3	4 → 3 → 2 → 1 →	<ul style="list-style-type: none"> 4 doses with dose 4 on or after 12 months of age; or 3 doses with 1 dose on or after 12 months of age; or 2 doses on or after 12 months of age; or 1 dose on or after 24 months of age; or If the current age is 5 years or older, no new or additional doses are required.
MMR				1	<ul style="list-style-type: none"> MUST be given on or after 12 months of age.
Varicella				1	<ul style="list-style-type: none"> MUST be given on or after 12 months of age. For proof of varicella disease, a written statement from a licensed healthcare provider must be on file.



Missouri Child Care and Preschool Vaccine Identification Tool

VACCINE	DIFFERENT BRANDS AND ABBREVIATIONS
Diphtheria, Tetanus, Acellular Pertussis	Daptacel Infanrix Kinrix (Combined with IPV) Pentacel (Combined with IPV and Hib) Tetramune (Combined with Hib) abbreviated TTR TriHIBit (Combined with Hib) (DTaP/Hib) Pediarix (Combined with IPV and Hep B)
Diphtheria and Tetanus	DT
Polio	IPV Ipol Pediarix (Combined with DTaP and Hep B) Pentacel (Combined with DTaP and Hib) Kinrix (Combined with DTaP)
Haemophilus Influenzae type b (Hib)	ActHIB Hib HibTITER Hiberix PedvaxHIB PRP-OMP Comvax (Combined with Hep B) Tetramune (Combined with DTP) Abbreviated TTR TriHIBit (Combined with DTaP) (DTaP/Hib) Pentacel (Combined with DTaP and IPV)
Hepatitis B	Engerix-B Hep B Comvax (Combined with Hib) Pediarix (Combined with DTaP and IPV) Twinrix (Combined with Hep A)
Pneumococcal	PCV-7 (Prevnar) PCV-13 (Prevnar)
Measles, Mumps, Rubella	MMR MMRV (Measles, Mumps, Rubella combined with Varicella) ProQuad (Measles, Mumps, Rubella combined with Varicella)
Varicella (Chickenpox)	VAR MMRV (Varicella combined with Measles, Mumps, Rubella) ProQuad (Varicella combined with Measles, Mumps, Rubella)





MEDICAL EXEMPTION

WHAT YOU NEED TO KNOW

Immunizations are the best protection against serious diseases. Vaccines are safe and effective and were developed to protect individuals from dangerous and sometimes deadly diseases.

However, some children cannot be immunized for medical reasons. Claiming a medical exemption represents a physician's determination that the child is allergic to some immunization components, has an immune deficiency or has an illness such as cancer.

These individuals are at greater risk of exposure to any vaccine-preventable disease that can be life-threatening. To protect those who cannot be vaccinated and the entire community, unimmunized children could be excluded from school and child care during disease outbreaks. This can cause hardship for the child and parent.

A medical exemption can be obtained from the local health department or physician. The medical exemption must be signed by a physician and filed with the school administrator or child care facility.

Immunizations may save your child's life.





PARENT/GUARDIAN EXEMPTION

WHAT PARENTS OF CHILDREN IN CHILD CARE NEED TO KNOW

Immunizations are the best protection against serious diseases. Vaccines are safe and effective and were developed to protect individuals from dangerous and sometimes deadly diseases.

Choosing not to immunize a child greatly increases the risk of getting serious diseases like pertussis, measles, mumps and chickenpox that can cause severe complications such as heart failure; difficulty breathing and swallowing; lung and liver infections; brain swelling and damage; paralysis; meningitis; deafness; liver problems; and bleeding disorders.

Children who are not immunized can transmit vaccine-preventable diseases throughout the community to babies who are too young to be fully immunized or to others who cannot be immunized for medical reasons. Exposure to any vaccine-preventable disease could be fatal.

Actively choosing not to immunize a child by claiming an exemption is a parent's right; however, it carries significant responsibility. To protect inadequately vaccinated individuals and the entire community, unimmunized children could be excluded from child care during disease outbreaks. This can cause hardship for the child and parent. No exceptions are made, regardless of the circumstances.

Claiming an exemption represents a parent or guardian's objection to immunizing against vaccine-preventable diseases.

An exemption form can be obtained from the local health department and filed for selected vaccines or for all vaccines. Parents and guardians should indicate which vaccines are included on the Parent / Guardian Exemption. The exemption must be completed and filed with the child care center administrator annually.

It is unlawful for any child to attend child care unless the child has been immunized or unless the parent or guardian has signed and filed a Parent / Guardian Exemption.

Immunizations may save your child's life!





CHILDREN IN PROGRESS

WHAT YOU NEED TO KNOW

Immunizations are the best protection against serious diseases. Vaccines are safe and effective and were developed to protect individuals from dangerous and sometimes deadly diseases.

Unfortunately, some children fall behind in getting their age-specific immunizations required for child care and school attendance.

According to Missouri regulation, children who have not received immunizations required for child care and school attendance cannot attend until their immunizations are up-to-date. However, a child is allowed to attend if the required immunization series has begun and an appointment for the next dose is scheduled. This immunization appointment must be documented on an in progress card and filed with the child care facility or school.

The appointment must be kept and an updated immunization record must be provided to the child care facility or school. If the appointment is not kept, the child is no longer in progress and is noncompliant and cannot attend child care or school.

An in progress exemption can be obtained from the local health department or a physician. The in progress card must be signed by a physician, public health nurse or designee and filed with the school administrator or child care facility.

Immunizations may save your child's life.



Missouri Immunization Exemptions



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES MEDICAL IMMUNIZATION EXEMPTION

REQUIRED UNDER THE STATE IMMUNIZATION LAWS (SECTION 167.181 AND SECTION 210.003, RSMo) FOR PUBLIC, PRIVATE, OR PAROCHIAL PRESCHOOL, DAY CARE CENTER, PRESCHOOL, OR NURSERY SCHOOL CHILDREN

Unimmunized children have a greater risk of contracting and spreading vaccine-preventable diseases to babies who are too young to be fully immunized and those who cannot be immunized due to medical conditions. In the event of an outbreak or suspected outbreak of a vaccine-preventable disease within a particular facility, children who are not fully immunized or do not have documented laboratory evidence of immunity shall not be allowed to attend school or day care until the local health authority declares the designated outbreak or health emergency has ended.

THIS IS TO CERTIFY THAT	NAME OF CHILD (PRINT OR TYPE)
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IS EXEMPT FROM RECEIVING THE FOLLOWING IMMUNIZATION(S) BECAUSE:

☐ The child has documentation of disease or laboratory evidence of immunity to the disease. _____ (MONTH/YEAR)

☐ The physical condition of the above-named child is such that immunization would endanger their life or health or is medically contraindicated due to other medical conditions.

☐ DIPHTHERIA ☐ HEPATITIS B ☐ HIB

☐ PERTUSSIS ☐ PNEUMOCOCCAL ☐ POLIO

☐ VARICELLA ☐ OTHER _____

PHYSICIAN/PHYSICIAN'S DESIGNEE NAME (PRINT OR TYPE)

PHYSICIAN SIGNATURE _____ DATE _____

MO 580-0807 (6-12) Imm.P. 12



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES PARENT/GUARDIAN IMMUNIZATION EXEMPTION

Required under Missouri state immunization laws (Section 210.003, RSMo) for public, private, or parochial day care center, preschool or nursery school caring for ten or more children.

We strongly encourage you to immunize your child, but ultimately the decision is yours. Please discuss any concerns you have with a trusted healthcare provider or call the immunization coordinator at your local or state health department. Your final decision affects not only the health of your child, but also the rest of your family, the health of your child's friends and their families, classmates, neighbors, and community.

Unimmunized children have a greater risk of contracting and spreading vaccine-preventable diseases to babies who are too young to be fully immunized and those who cannot be immunized due to medical conditions. In the event of an outbreak or suspected outbreak of a vaccine-preventable disease within a particular facility, children who are not fully immunized or do not have documented laboratory evidence of immunity shall not be allowed to attend school or day care until the local health authority declares the designated outbreak or health emergency has ended.

☐ I have read and been informed of the consequences of not immunizing my child. (please initial)

THIS IS TO CERTIFY THAT I, THE PARENT/GUARDIAN OF	NAME OF CHILD (print or type)
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DO OBJECT TO MY CHILD RECEIVING THE FOLLOWING CHECKED IMMUNIZATION(S)

☐ DIPHTHERIA ☐ HEPATITIS B ☐ HIB ☐ MMR

☐ PERTUSSIS ☐ PNEUMOCOCCAL ☐ POLIO

☐ VARICELLA ☐ OTHER _____

PARENT/GUARDIAN NAME (PRINT OR TYPE) _____ PARENT/GUARDIAN SIGNATURE _____

MO 580-0959 (07/10) Imm.P. 11



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES IMMUNIZATIONS IN PROGRESS

REQUIRED UNDER THE STATE IMMUNIZATION LAWS (SECTION 167.181 AND SECTION 210.003, RSMo) FOR PUBLIC, PRIVATE, OR PAROCHIAL PRESCHOOL, DAY CARE AND NURSERY SCHOOL ATTENDANCE

In the event of an outbreak or suspected outbreak of a vaccine-preventable disease within a particular facility, children who are not fully immunized or do not have documented laboratory evidence of immunity shall not be allowed to attend school or day care until the local health authority declares the designated outbreak or health emergency has ended.

THIS IS TO CERTIFY THAT	NAME OF CHILD (PRINT OR TYPE)
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received the following immunization(s) on _____ MONTH/DAY/YEAR as required by State Immunization Laws

☐ DIPHTHERIA ☐ HEPATITIS B ☐ HIB ☐ MMR

☐ PERTUSSIS ☐ PNEUMOCOCCAL ☐ POLIO ☐ TETANUS

☐ VARICELLA ☐ OTHER _____

and is scheduled to return on _____ MONTH/DAY/YEAR

NOTE: This child is in compliance with Missouri Immunization Laws as long as he/she continues to receive appropriate immunizations at the correct intervals according to the Advisory Committee on Immunization Practices (ACIP) recommendations.

PHYSICIAN/PUBLIC HEALTH NURSE/DESIGNEE NAME (PRINT OR TYPE)

PHYSICIAN/PUBLIC HEALTH NURSE/DESIGNEE SIGNATURE _____ DATE _____

MO 580-0828 (6-12) Imm.P. 14

Figure 1. Recommended immunization schedule for persons aged 0 through 18 years – 2013.
(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE [FIGURE 2]).

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are in bold.

Vaccines	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13–15 yrs	16–18 yrs
Hepatitis B ¹ (HepB)	◀1 st dose▶	◀-----2 nd dose-----▶			◀-----3 rd dose-----▶											
Rotavirus ² (RV) RV-1 (2-dose series); RV-5 (3-dose series)			◀1 st dose▶	◀2 nd dose▶	See footnote 2											
Diphtheria, tetanus, & acellular pertussis ³ (DTaP: <7 yrs)			◀1 st dose▶	◀2 nd dose▶	◀3 rd dose▶			◀-----4 th dose-----▶				◀5 th dose▶				
Tetanus, diphtheria, & acellular pertussis ⁴ (Tdap: ≥7 yrs)														(Tdap)		
<i>Haemophilus influenzae</i> type b ⁵ (Hib)			◀1 st dose▶	◀2 nd dose▶	See footnote 5		◀----3 rd or 4 th dose, see footnote 5----									
Pneumococcal conjugate ^{6a,c} (PCV13)			◀1 st dose▶	◀2 nd dose▶	◀3 rd dose▶		◀-----4 th dose-----▶									
Pneumococcal polysaccharide ^{6b,c} (PPSV23)																
Inactivated Poliovirus ⁷ (IPV) (<18 years)			◀1 st dose▶	◀2 nd dose▶	◀-----3 rd dose-----▶							◀4 th dose▶				
Influenza ⁸ (IIV; LAIV) 2 doses for some: see footnote 8																
Measles, mumps, rubella ⁹ (MMR)							◀-----1 st dose-----▶					◀2 nd dose▶				
Varicella ¹⁰ (VAR)							◀-----1 st dose-----▶					◀2 nd dose▶				
Hepatitis A ¹¹ (HepA)							◀-----2 dose series, see footnote 11-----▶									
Human papillomavirus ¹² (HPV2: females only; HPV4: males and females)														(3-dose series)		
Meningococcal ¹³ (Hib-MenCY ≥ 6 weeks; MCV4-D≥9 mos; MCV4-CRM ≥ 2 yrs.)														◀1 st dose▶		booster

Range of recommended ages for all children

Range of recommended ages for catch-up immunization

Range of recommended ages for certain high-risk groups

Range of recommended ages during which catch-up is encouraged and for certain high-risk groups

Not routinely recommended

This schedule includes recommendations in effect as of January 1, 2013. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (<http://www.vaers.hhs.gov>) or by telephone (800-822-7967). Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for vaccination, is available from CDC online (<http://www.cdc.gov/vaccines>) or by telephone (800-CDC-INFO [800-232-4636]).

This schedule is approved by the Advisory Committee on Immunization Practices (<http://www.cdc.gov/vaccines/acip/index.html>), the American Academy of Pediatrics (<http://www.aap.org>), the American Academy of Family Physicians (<http://www.aafp.org>), and the American College of Obstetricians and Gynecologists (<http://www.acog.org>).

NOTE: The above recommendations must be read along with the footnotes of this schedule.

Footnotes — Recommended immunization schedule for persons aged 0 through 18 years—United States, 2013

For further guidance on the use of the vaccines mentioned below, see: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>.

- 1. Hepatitis B (HepB) vaccine. (Minimum age: birth)**
Routine vaccination:
At birth
 - Administer monovalent HepB vaccine to all newborns before hospital discharge.
 - For infants born to hepatitis B surface antigen (HBsAg)–positive mothers, administer HepB vaccine and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth. These infants should be tested for HBsAg and antibody to HBsAg (anti-HBs) 1 to 2 months after completion of the HepB series, at age 9 through 18 months (preferably at the next well-child visit).
 - If mother’s HBsAg status is unknown, within 12 hours of birth administer HepB vaccine to all infants regardless of birth weight. For infants weighing <2,000 grams, administer HBIG in addition to HepB within 12 hours of birth. Determine mother’s HBsAg status as soon as possible and, if she is HBsAg-positive, also administer HBIG for infants weighing ≥2,000 grams (no later than age 1 week).**Doses following the birth dose**
 - The second dose should be administered at age 1 or 2 months. Monovalent HepB vaccine should be used for doses administered before age 6 weeks.
 - Infants who did not receive a birth dose should receive 3 doses of a HepB-containing vaccine on a schedule of 0, 1 to 2 months, and 6 months starting as soon as feasible. See Figure 2.
 - The minimum interval between dose 1 and dose 2 is 4 weeks and between dose 2 and 3 is 8 weeks. The final (third or fourth) dose in the HepB vaccine series should be administered no earlier than age 24 weeks, and at least 16 weeks after the first dose.
 - Administration of a total of 4 doses of HepB vaccine is recommended when a combination vaccine containing HepB is administered after the birth dose.**Catch-up vaccination:**
 - Unvaccinated persons should complete a 3-dose series.
 - A 2-dose series (doses separated by at least 4 months) of adult formulation Recombivax HB is licensed for use in children aged 11 through 15 years.
 - For other catch-up issues, see Figure 2.

2. Rotavirus (RV) vaccines. (Minimum age: 6 weeks for both RV-1 [Rotarix] and RV-5 [RotaTeq]).
Routine vaccination:
 - Administer a series of RV vaccine to all infants as follows:
 - If RV-1 is used, administer a 2-dose series at 2 and 4 months of age.
 - If RV-5 is used, administer a 3-dose series at ages 2, 4, and 6 months.
 - If any dose in series was RV-5 or vaccine product is unknown for any dose in the series, a total of 3 doses of RV vaccine should be administered.**Catch-up vaccination:**
 - The maximum age for the first dose in the series is 14 weeks, 6 days.
 - Vaccination should not be initiated for infants aged 15 weeks 0 days or older.
 - The maximum age for the final dose in the series is 18 months, 0 days.
 - If RV-1 (Rotarix) is administered for the first and second doses, a third dose is not indicated.
 - For other catch-up issues, see Figure 2.

3. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)
Routine vaccination:
 - Administer a 5-dose series of DTaP vaccine at ages 2, 4, 6, 15–18 months, and 4 through 6 years. The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.**Catch-up vaccination:**
 - The fifth (booster) dose of DTaP vaccine is not necessary if the fourth dose was administered at age 4 years or older.
 - For other catch-up issues, see Figure 2.

4. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine. (Minimum age: 10 years for Boostrix, 11 years for Adacel).
Routine vaccination:
 - Administer 1 dose of Tdap vaccine to all adolescents aged 11 through 12 years.
 - Tdap can be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.
 - Administer one dose of Tdap vaccine to pregnant adolescents during each pregnancy (preferred during 27 through 36 weeks gestation) regardless of number of years from prior Td or Tdap vaccination.**Catch-up vaccination:**
 - Persons aged 7 through 10 years who are not fully immunized with the childhood DTaP vaccine series, should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td vaccine. For these children, an adolescent Tdap vaccine should not be given.
 - Persons aged 11 through 18 years who have not received Tdap vaccine should receive a dose followed by tetanus and diphtheria toxoids (Td) booster doses every 10 years thereafter.
 - An inadvertent dose of DTaP vaccine administered to children aged 7 through 10 years can count as part of the catch-up series. This dose can count as the adolescent Tdap dose, or the child can later receive a Tdap booster dose at age 11–12 years.
 - For other catch-up issues, see Figure 2.

5. *Haemophilus influenzae* type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)
Routine vaccination:
 - Administer a Hib vaccine primary series and a booster dose to all infants. The primary series doses should be administered at 2, 4, and 6 months of age; however, if PRP-OMP (PedvaxHib or Comvax) is administered at 2 and 4 months of age, a dose at age 6 months is not indicated. One booster dose should be administered at age 12 through 15 months.
 - Hiberix (PRP-T) should only be used for the booster (final) dose in children aged 12 months through 4 years, who have received at least 1 dose of Hib.**Catch-up vaccination:**
 - If dose 1 was administered at ages 12-14 months, administer booster (as final dose) at least 8 weeks after dose 1.
 - If the first 2 doses were PRP-OMP (PedvaxHIB or Comvax), and were administered at age 11 months or younger, the third (and final) dose should be administered at age 12 through 15 months and at least 8 weeks after the second dose.
 - If the first dose was administered at age 7 through 11 months, administer the second dose at least 4 weeks later and a final dose at age 12 through 15 months, regardless of Hib vaccine (PRP-T or PRP-OMP) used for first dose.
 - For unvaccinated children aged 15 months or older, administer only 1 dose.

For further guidance on the use of the vaccines mentioned below, see: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>.

- For other catch-up issues, see Figure 2.
- Vaccination of persons with high-risk conditions:**
- Hib vaccine is not routinely recommended for patients older than 5 years of age. However one dose of Hib vaccine should be administered to unvaccinated or partially vaccinated persons aged 5 years or older who have leukemia, malignant neoplasms, anatomic or functional asplenia (including sickle cell disease), human immunodeficiency virus (HIV) infection, or other immunocompromising conditions.
- 6a. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)**
 - Routine vaccination:**
 - Administer a series of PCV13 vaccine at ages 2, 4, 6 months with a booster at age 12 through 15 months.
 - For children aged 14 through 59 months who have received an age-appropriate series of 7-valent PCV (PCV7), administer a single supplemental dose of 13-valent PCV (PCV13).
 - Catch-up vaccination:**
 - Administer 1 dose of PCV13 to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
 - For other catch-up issues, see Figure 2.
 - Vaccination of persons with high-risk conditions:**
 - For children aged 24 through 71 months with certain underlying medical conditions (see footnote 6c), administer 1 dose of PCV13 if 3 doses of PCV were received previously, or administer 2 doses of PCV13 at least 8 weeks apart if fewer than 3 doses of PCV were received previously.
 - A single dose of PCV13 may be administered to previously unvaccinated children aged 6 through 18 years who have anatomic or functional asplenia (including sickle cell disease), HIV infection or an immunocompromising condition, cochlear implant or cerebrospinal fluid leak. See MMWR 2010;59 (No. RR-11), available at <http://www.cdc.gov/mmwr/pdf/rr/rr5911.pdf>.
 - Administer PPSV23 at least 8 weeks after the last dose of PCV to children aged 2 years or older with certain underlying medical conditions (see footnotes 6b and 6c).
- 6b. Pneumococcal polysaccharide vaccine (PPSV23). (Minimum age: 2 years)**
 - Vaccination of persons with high-risk conditions:**
 - Administer PPSV23 at least 8 weeks after the last dose of PCV to children aged 2 years or older with certain underlying medical conditions (see footnote 6c). A single revaccination with PPSV should be administered after 5 years to children with anatomic or functional asplenia (including sickle cell disease) or an immunocompromising condition.
- 6c. Medical conditions for which PPSV23 is indicated in children aged 2 years and older and for which use of PCV13 is indicated in children aged 24 through 71 months:**
- Immunocompetent children with chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure); chronic lung disease (including asthma if treated with high-dose oral corticosteroid therapy), diabetes mellitus; cerebrospinal fluid leaks; or cochlear implant.
- Children with anatomic or functional asplenia (including sickle cell disease and other hemoglobinopathies, congenital or acquired asplenia, or splenic dysfunction);
- Children with immunocompromising conditions: HIV infection, chronic renal failure and nephrotic syndrome, diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas and Hodgkin disease; or solid organ transplantation, congenital immunodeficiency.
- 7. Inactivated poliovirus vaccine (IPV). (Minimum age: 6 weeks)**
 - Routine vaccination:**
 - Administer a series of IPV at ages 2, 4, 6–18 months, with a booster at age 4–6 years. The final dose in the series should be administered on or after the fourth birthday and at least 6 months after the previous dose.
 - Catch-up vaccination:**
 - In the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk for imminent exposure to circulating poliovirus (i.e., travel to a polio-endemic region or during an outbreak).
 - If 4 or more doses are administered before age 4 years, an additional dose should be administered at age 4 through 6 years.
 - A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.
 - If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.
 - IPV is not routinely recommended for U.S. residents aged 18 years or older.
 - For other catch-up issues, see Figure 2.
- 8. Influenza vaccines. (Minimum age: 6 months for inactivated influenza vaccine [IIV]; 2 years for live, attenuated influenza vaccine [LAIV])**
 - Routine vaccination:**
 - Administer influenza vaccine annually to all children beginning at age 6 months. For most healthy, nonpregnant persons aged 2 through 49 years, either LAIV or IIV may be used. However, LAIV should NOT be administered to some persons, including 1) those with asthma, 2) children 2 through 4 years who had wheezing in the past 12 months, or 3) those who have any other underlying medical conditions that predispose them to influenza complications. For all other contraindications to use of LAIV see MMWR 2010; 59 (No. RR-8), available at <http://www.cdc.gov/mmwr/pdf/rr/rr5908.pdf>.
 - Administer 1 dose to persons aged 9 years and older.
 - For children aged 6 months through 8 years:**
 - For the 2012–13 season, administer 2 doses (separated by at least 4 weeks) to children who are receiving influenza vaccine for the first time. For additional guidance, follow dosing guidelines in the 2012 ACIP influenza vaccine recommendations, MMWR 2012;61: 613–618, available at <http://www.cdc.gov/mmwr/pdf/wk/mm6132.pdf>.
 - For the 2013–14 season, follow dosing guidelines in the 2013 ACIP influenza vaccine recommendations.
- 9. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months for routine vaccination)**
 - Routine vaccination:**
 - Administer the first dose of MMR vaccine at age 12 through 15 months, and the second dose at age 4 through 6 years. The second dose may be administered before age 4 years, provided at least 4 weeks have elapsed since the first dose.
 - Administer 1 dose of MMR vaccine to infants aged 6 through 11 months before departure from the United States for international travel. These children should be revaccinated with 2 doses of MMR vaccine, the first at age 12 through 15 months (12 months if the child remains in an area where disease risk is high), and the second dose at least 4 weeks later.
 - Administer 2 doses of MMR vaccine to children aged 12 months and older, before departure from the United States for international travel. The first dose should be administered on or after age 12 months and the second dose at least 4 weeks later.
 - Catch-up vaccination:**
 - Ensure that all school-aged children and adolescents have had 2 doses of MMR vaccine; the minimum interval between the 2 doses is 4 weeks.
- 10. Varicella (VAR) vaccine. (Minimum age: 12 months)**
 - Routine vaccination:**
 - Administer the first dose of VAR vaccine at age 12 through 15 months, and the second dose at age 4 through 6 years. The second dose may be administered before age 4 years, provided at least 3 months have elapsed since the first dose. If the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.
 - Catch-up vaccination:**
 - Ensure that all persons aged 7 through 18 years without evidence of immunity (see MMWR 2007;56 [No. RR-4], available at <http://www.cdc.gov/mmwr/pdf/rr/rr5604.pdf>) have 2 doses of varicella vaccine. For children aged 7 through 12 years the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons aged 13 years and older, the minimum interval between doses is 4 weeks.
- 11. Hepatitis A vaccine (HepA). (Minimum age: 12 months)**
 - Routine vaccination:**
 - Initiate the 2-dose HepA vaccine series for children aged 12 through 23 months; separate the 2 doses by 6 to 18 months.
 - Children who have received 1 dose of HepA vaccine before age 24 months, should receive a second dose 6 to 18 months after the first dose.
 - For any person aged 2 years and older who has not already received the HepA vaccine series, 2 doses of HepA vaccine separated by 6 to 18 months may be administered if immunity against hepatitis A virus infection is desired.
 - Catch-up vaccination:**
 - The minimum interval between the two doses is 6 months.
 - Special populations:**
 - Administer 2 doses of Hep A vaccine at least 6 months apart to previously unvaccinated persons who live in areas where vaccination programs target older children, or who are at increased risk for infection.
- 12. Human papillomavirus (HPV) vaccines. (HPV4 [Gardasil] and HPV2 [Cervarix]). (Minimum age: 9 years)**
 - Routine vaccination:**
 - Administer a 3-dose series of HPV vaccine on a schedule of 0, 1–2, and 6 months to all adolescents aged 11–12 years. Either HPV4 or HPV2 may be used for females, and only HPV4 may be used for males.
 - The vaccine series can be started beginning at age 9 years.
 - Administer the second dose 1 to 2 months after the first dose and the third dose 6 months after the first dose (at least 24 weeks after the first dose).
 - Catch-up vaccination:**
 - Administer the vaccine series to females (either HPV2 or HPV4) and males (HPV4) at age 13 through 18 years if not previously vaccinated.
 - Use recommended routine dosing intervals (see above) for vaccine series catch-up.
- 13. Meningococcal conjugate vaccines (MCV). (Minimum age: 6 weeks for Hib-MenCY, 9 months for Menactra [MCV4-D], 2 years for Menveo [MCV4-CRM]).**
 - Routine vaccination:**
 - Administer MCV4 vaccine at age 11–12 years, with a booster dose at age 16 years.
 - Adolescents aged 11 through 18 years with human immunodeficiency virus (HIV) infection should receive a 2-dose primary series of MCV4, with at least 8 weeks between doses. See MMWR 2011; 60:1018–1019 available at: <http://www.cdc.gov/mmwr/pdf/wk/mm6030.pdf>.
 - For children aged 2 months through 10 years with high-risk conditions, see below.
 - Catch-up vaccination:**
 - Administer MCV4 vaccine at age 13 through 18 years if not previously vaccinated.
 - If the first dose is administered at age 13 through 15 years, a booster dose should be administered at age 16 through 18 years with a minimum interval of at least 8 weeks between doses.
 - If the first dose is administered at age 16 years or older, a booster dose is not needed.
 - For other catch-up issues, see Figure 2.
 - Vaccination of persons with high-risk conditions:**
 - For children younger than 19 months of age with anatomic or functional asplenia (including sickle cell disease), administer an infant series of Hib-MenCY at 2, 4, 6, and 12–15 months.
 - For children aged 2 through 18 months with persistent complement component deficiency, administer either an infant series of Hib-MenCY at 2, 4, 6, and 12 through 15 months or a 2-dose primary series of MCV4-D starting at 9 months, with at least 8 weeks between doses. For children aged 19 through 23 months with persistent complement component deficiency who have not received a complete series of Hib-MenCY or MCV4-D, administer 2 primary doses of MCV4-D at least 8 weeks apart.
 - For children aged 24 months and older with persistent complement component deficiency or anatomic or functional asplenia (including sickle cell disease), who have not received a complete series of Hib-MenCY or MCV4-D, administer 2 primary doses of either MCV4-D or MCV4-CRM. If MCV4-D (Menactra) is administered to a child with asplenia (including sickle cell disease), do not administer MCV4-D until 2 years of age and at least 4 weeks after the completion of all PCV13 doses. See MMWR 2011;60:1391–2, available at <http://www.cdc.gov/mmwr/pdf/wk/mm6040.pdf>.
 - For children aged 9 months and older who are residents of or travelers to countries in the African meningitis belt or to the Hajj, administer an age appropriate formulation and series of MCV4 for protection against serogroups A and W-135. Prior receipt of Hib-MenCY is not sufficient for children traveling to the meningitis belt or the Hajj. See MMWR 2011;60:1391–2, available at <http://www.cdc.gov/mmwr/pdf/wk/mm6040.pdf>.
 - For children who are present during outbreaks caused by a vaccine serogroup, administer or complete an age and formulation-appropriate series of Hib-MenCY or MCV4.
 - For booster doses among persons with high-risk conditions refer to <http://www.cdc.gov/vaccines/pubs/acip-list.htm#mening>.

Additional information

- For contraindications and precautions to use of a vaccine and for additional information regarding that vaccine, vaccination providers should consult the relevant ACIP statement available online at <http://www.cdc.gov/vaccines/pubs/acip-list.htm>.
- For the purposes of calculating intervals between doses, 4 weeks = 28 days. Intervals of 4 months or greater are determined by calendar months.
- Information on travel vaccine requirements and recommendations is available at <http://wwwnc.cdc.gov/travel/page/vaccinations.htm>.
- For vaccination of persons with primary and secondary immunodeficiencies, see Table 13, "Vaccination of persons with primary and secondary immunodeficiencies," in General Recommendations on Immunization (ACIP), available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6002a1.htm>; and American Academy of Pediatrics. Immunization in Special Clinical Circumstances. In: Pickering LK, Baker CJ, Kimberlin DW, Long SS eds. Red book: 2012 report of the Committee on Infectious Diseases. 29th ed. Elk Grove Village, IL: American Academy of Pediatrics.



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FIGURE 2. Catch-up immunization schedule for persons aged 4 months through 18 years who start late or who are more than 1 month behind —United States • 2013
 The figure below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. Always use this table in conjunction with Figure 1 and the footnotes that follow.

Persons aged 4 months through 6 years					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to dose 2	Dose 2 to dose 3	Dose 3 to dose 4	Dose 4 to dose 5
Hepatitis B ¹	Birth	4 weeks	8 weeks and at least 16 weeks after first dose; minimum age for the final dose is 24 weeks		
Rotavirus ²	6 weeks	4 weeks	4 weeks ²		
Diphtheria, tetanus, pertussis ³	6 weeks	4 weeks	4 weeks	6 months	6 months ³
<i>Haemophilus influenzae</i> type b ⁵	6 weeks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose) if first dose administered at age 12–14 months No further doses needed if first dose administered at age 15 months or older	4 weeks ⁵ if current age is younger than 12 months 8 weeks (as final dose) ⁵ if current age is 12 months or older and first dose administered at younger than age 12 months and second dose administered at younger than 15 months No further doses needed if previous dose administered at age 15 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 through 59 months who received 3 doses before age 12 months	
Pneumococcal ⁶	6 weeks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose for healthy children) if first dose administered at age 12 months or older or current age 24 through 59 months No further doses needed for healthy children if first dose administered at age 24 months or older	4 weeks if current age is younger than 12 months 8 weeks (as final dose for healthy children) if current age is 12 months or older No further doses needed for healthy children if previous dose administered at age 24 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age	
Inactivated poliovirus ⁷	6 weeks	4 weeks	4 weeks	6 months ⁷ minimum age 4 years for final dose	
Meningococcal ¹³	6 weeks	8 weeks ¹³	see footnote 13	see footnote 13	
Measles, mumps, rubella ⁹	12 months	4 weeks			
Varicella ¹⁰	12 months	3 months			
Hepatitis A ¹¹	12 months	6 months			
Persons aged 7 through 18 years					
Tetanus, diphtheria; tetanus, diphtheria, pertussis ⁴	7 years ⁴	4 weeks	4 weeks if first dose administered at younger than age 12 months 6 months if first dose administered at 12 months or older	6 months if first dose administered at younger than age 12 months	
Human papillomavirus ¹²	9 years	Routine dosing intervals are recommended ¹²			
Hepatitis A ¹¹	12 months	6 months			
Hepatitis B ¹	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Inactivated poliovirus ⁷	6 weeks	4 weeks	4 weeks ⁷	6 months ⁷	
Meningococcal ¹³	6 weeks	8 weeks ¹³			
Measles, mumps, rubella ⁹	12 months	4 weeks			
Varicella ¹⁰	12 months	3 months if person is younger than age 13 years 4 weeks if person is aged 13 years or older			

NOTE: The above recommendations must be read along with the footnotes of this schedule.

Footnotes — Recommended immunization schedule for persons aged 0 through 18 years—United States, 2013

For further guidance on the use of the vaccines mentioned below, see: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>.

1. **Hepatitis B (HepB) vaccine. (Minimum age: birth)**
Routine vaccination:
At birth
 - Administer monovalent HepB vaccine to all newborns before hospital discharge.
 - For infants born to hepatitis B surface antigen (HBsAg)–positive mothers, administer HepB vaccine and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth. These infants should be tested for HBsAg and antibody to HBsAg (anti-HBs) 1 to 2 months after completion of the HepB series, at age 9 through 18 months (preferably at the next well-child visit).
 - If mother’s HBsAg status is unknown, within 12 hours of birth administer HepB vaccine to all infants regardless of birth weight. For infants weighing <2,000 grams, administer HBIG in addition to HepB within 12 hours of birth. Determine mother’s HBsAg status as soon as possible and, if she is HBsAg-positive, also administer HBIG for infants weighing ≥2,000 grams (no later than age 1 week).**Doses following the birth dose**
 - The second dose should be administered at age 1 or 2 months. Monovalent HepB vaccine should be used for doses administered before age 6 weeks.
 - Infants who did not receive a birth dose should receive 3 doses of a HepB-containing vaccine on a schedule of 0, 1 to 2 months, and 6 months starting as soon as feasible. See Figure 2.
 - The minimum interval between dose 1 and dose 2 is 4 weeks and between dose 2 and 3 is 8 weeks. The final (third or fourth) dose in the HepB vaccine series should be administered no earlier than age 24 weeks, and at least 16 weeks after the first dose.
 - Administration of a total of 4 doses of HepB vaccine is recommended when a combination vaccine containing HepB is administered after the birth dose.**Catch-up vaccination:**
 - Unvaccinated persons should complete a 3-dose series.
 - A 2-dose series (doses separated by at least 4 months) of adult formulation Recombivax HB is licensed for use in children aged 11 through 15 years.
 - For other catch-up issues, see Figure 2.

2. **Rotavirus (RV) vaccines. (Minimum age: 6 weeks for both RV-1 [Rotarix] and RV-5 [RotaTeq]).**
Routine vaccination:
 - Administer a series of RV vaccine to all infants as follows:
 - If RV-1 is used, administer a 2-dose series at 2 and 4 months of age.
 - If RV-5 is used, administer a 3-dose series at ages 2, 4, and 6 months.
 - If any dose in series was RV-5 or vaccine product is unknown for any dose in the series, a total of 3 doses of RV vaccine should be administered.**Catch-up vaccination:**
 - The maximum age for the first dose in the series is 14 weeks, 6 days.
 - Vaccination should not be initiated for infants aged 15 weeks 0 days or older.
 - The maximum age for the final dose in the series is 8 months, 0 days.
 - If RV-1(Rotarix) is administered for the first and second doses, a third dose is not indicated.
 - For other catch-up issues, see Figure 2.

3. **Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)**
Routine vaccination:
 - Administer a 5-dose series of DTaP vaccine at ages 2, 4, 6, 15–18 months, and 4 through 6 years. The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.**Catch-up vaccination:**
 - The fifth (booster) dose of DTaP vaccine is not necessary if the fourth dose was administered at age 4 years or older.
 - For other catch-up issues, see Figure 2.

4. **Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine. (Minimum age: 10 years for Boostrix, 11 years for Adacel).**
Routine vaccination:
 - Administer 1 dose of Tdap vaccine to all adolescents aged 11 through 12 years.
 - Tdap can be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.

For further guidance on the use of the vaccines mentioned below, see: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>.

- Administer one dose of Tdap vaccine to pregnant adolescents during each pregnancy (preferred during 27 through 36 weeks gestation) regardless of number of years from prior Td or Tdap vaccination.
- Catch-up vaccination:**
- Persons aged 7 through 10 years who are not fully immunized with the childhood DTaP vaccine series, should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td vaccine. For these children, an adolescent Tdap vaccine should not be given.
- Persons aged 11 through 18 years who have not received Tdap vaccine should receive a dose followed by tetanus and diphtheria toxoids (Td) booster doses every 10 years thereafter.
- An inadvertent dose of DTaP vaccine administered to children aged 7 through 10 years can count as part of the catch-up series. This dose can count as the adolescent Tdap dose, or the child can later receive a Tdap booster dose at age 11–12 years.
- For other catch-up issues, see Figure 2.
- 5. *Haemophilus influenzae* type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)**
- Routine vaccination:**
- Administer a Hib vaccine primary series and a booster dose to all infants. The primary series doses should be administered at 2, 4, and 6 months of age; however, if PRP-OMP (PedvaxHib or Comvax) is administered at 2 and 4 months of age, a dose at age 6 months is not indicated. One booster dose should be administered at age 12 through 15 months.
- Hibrix (PRP-T) should only be used for the booster (final) dose in children aged 12 months through 4 years, who have received at least 1 dose of Hib.
- Catch-up vaccination:**
- If dose 1 was administered at ages 12–14 months, administer booster (as final dose) at least 8 weeks after dose 1.
- If the first 2 doses were PRP-OMP (PedvaxHib or Comvax), and were administered at age 11 months or younger, the third (and final) dose should be administered at age 12 through 15 months and at least 8 weeks after the second dose.
- If the first dose was administered at age 7 through 11 months, administer the second dose at least 4 weeks later and a final dose at age 12 through 15 months, regardless of Hib vaccine (PRP-T or PRP-OMP) used for first dose.
- For unvaccinated children aged 15 months or older, administer only 1 dose.
- For other catch-up issues, see Figure 2.
- Vaccination of persons with high-risk conditions:**
- Hib vaccine is not routinely recommended for patients older than 5 years of age. However one dose of Hib vaccine should be administered to unvaccinated or partially vaccinated persons aged 5 years or older who have leukemia, malignant neoplasms, anatomic or functional asplenia (including sickle cell disease), human immunodeficiency virus (HIV) infection, or other immunocompromising conditions.
- 6a. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)**
- Routine vaccination:**
- Administer a series of PCV13 vaccine at ages 2, 4, 6 months with a booster at age 12 through 15 months.
- For children aged 14 through 59 months who have received an age-appropriate series of 7-valent PCV (PCV7), administer a single supplemental dose of 13-valent PCV (PCV13).
- Catch-up vaccination:**
- Administer 1 dose of PCV13 to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
- For other catch-up issues, see Figure 2.
- Vaccination of persons with high-risk conditions:**
- For children aged 24 through 71 months with certain underlying medical conditions (see footnote 6c), administer 1 dose of PCV13 if 3 doses of PCV were received previously, or administer 2 doses of PCV13 at least 8 weeks apart if fewer than 3 doses of PCV were received previously.
- A single dose of PCV13 may be administered to previously unvaccinated children aged 6 through 18 years who have anatomic or functional asplenia (including sickle cell disease), HIV infection or an immunocompromising condition, cochlear implant or cerebrospinal fluid leak. See MMWR 2010;59 (No. RR-11), available at <http://www.cdc.gov/mmwr/pdf/rr/r5911.pdf>.
- Administer PPSV23 at least 8 weeks after the last dose of PCV to children aged 2 years or older with certain underlying medical conditions (see footnotes 6b and 6c).
- 6b. Pneumococcal polysaccharide vaccine (PPSV23). (Minimum age: 2 years)**
- Vaccination of persons with high-risk conditions:**
- Administer PPSV23 at least 8 weeks after the last dose of PCV to children aged 2 years or older with certain underlying medical conditions (see footnote 6c). A single revaccination with PPSV should be administered after 5 years to children with anatomic or functional asplenia (including sickle cell disease) or an immunocompromising condition.
- 6c. Medical conditions for which PPSV23 is indicated in children aged 2 years and older and for which use of PCV13 is indicated in children aged 24 through 71 months:**
- Immunocompetent children with chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure); chronic lung disease (including asthma if treated with high-dose oral corticosteroid therapy), diabetes mellitus; cerebrospinal fluid leaks; or cochlear implant.
- Children with anatomic or functional asplenia (including sickle cell disease and other hemoglobinopathies, congenital or acquired asplenia, or splenic dysfunction);
- Children with immunocompromising conditions: HIV infection, chronic renal failure and nephrotic syndrome, diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas and Hodgkin disease; or solid organ transplantation, congenital immunodeficiency.
- 7. Inactivated poliovirus vaccine (IPV). (Minimum age: 6 weeks)**
- Routine vaccination:**
- Administer a series of IPV at ages 2, 4, 6–18 months, with a booster at age 4–6 years. The final dose in the series should be administered on or after the fourth birthday and at least 6 months after the previous dose.
- Catch-up vaccination:**
- In the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk for imminent exposure to circulating poliovirus (i.e., travel to a polio-endemic region or during an outbreak).
- If 4 or more doses are administered before age 4 years, an additional dose should be administered at age 4 through 6 years.
- A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.
- If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.
- IPV is not routinely recommended for U.S. residents aged 18 years or older.
- For other catch-up issues, see Figure 2.
- 8. Influenza vaccines. (Minimum age: 6 months for inactivated influenza vaccine (IIV); 2 years for live, attenuated influenza vaccine (LAIV))**
- Routine vaccination:**
- Administer influenza vaccine annually to all children beginning at age 6 months. For most healthy, nonpregnant persons aged 2 through 49 years, either LAIV or IIV may be used. However, LAIV should NOT be administered to some persons, including 1) those with asthma, 2) children 2 through 4 years who had wheezing in the past 12 months, or 3) those who have any other underlying medical conditions that predispose them to influenza complications. For all other contraindications to use of LAIV see MMWR 2010; 59 (No. RR-8), available at <http://www.cdc.gov/mmwr/pdf/rr/r5908.pdf>.

Additional information

- For contraindications and precautions to use of a vaccine and for additional information regarding that vaccine, vaccination providers should consult the relevant ACIP statement available online at <http://www.cdc.gov/vaccines/pubs/acip-list.htm>.
- For the purposes of calculating intervals between doses, 4 weeks = 28 days. Intervals of 4 months or greater are determined by calendar months.
- Information on travel vaccine requirements and recommendations is available at <http://wwwnc.cdc.gov/travel/page/vaccinations.htm>.
- For vaccination of persons with primary and secondary immunodeficiencies, see Table 13, "Vaccination of persons with primary and secondary immunodeficiencies," in General Recommendations on Immunization (ACIP), available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/r6002a1.htm>; and American Academy of Pediatrics. Immunization in Special Clinical Circumstances. In: Pickering LK, Baker CJ, Kimberlin DW, Long SS eds. Red book: 2012 report of the Committee on Infectious Diseases. 29th ed. Elk Grove Village, IL: American Academy of Pediatrics.

- Administer 1 dose to persons aged 9 years and older.
- For children aged 6 months through 8 years:**
- For the 2012–13 season, administer 2 doses (separated by at least 4 weeks) to children who are receiving influenza vaccine for the first time. For additional guidance, follow dosing guidelines in the 2012 ACIP influenza vaccine recommendations, MMWR 2012; 61: 613–618, available at <http://www.cdc.gov/mmwr/pdf/wk/mm6132.pdf>.
- For the 2013–14 season, follow dosing guidelines in the 2013 ACIP influenza vaccine recommendations.
- 9. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months for routine vaccination)**
- Routine vaccination:**
- Administer the first dose of MMR vaccine at age 12 through 15 months, and the second dose at age 4 through 6 years. The second dose may be administered before age 4 years, provided at least 4 weeks have elapsed since the first dose.
- Administer 1 dose of MMR vaccine to infants aged 6 through 11 months before departure from the United States for international travel. These children should be revaccinated with 2 doses of MMR vaccine, the first at age 12 through 15 months (12 months if the child remains in an area where disease risk is high), and the second dose at least 4 weeks later.
- Administer 2 doses of MMR vaccine to children aged 12 months and older, before departure from the United States for international travel. The first dose should be administered on or after age 12 months and the second dose at least 4 weeks later.
- Catch-up vaccination:**
- Ensure that all school-aged children and adolescents have had 2 doses of MMR vaccine; the minimum interval between the 2 doses is 4 weeks.
- 10. Varicella (VAR) vaccine. (Minimum age: 12 months)**
- Routine vaccination:**
- Administer the first dose of VAR vaccine at age 12 through 15 months, and the second dose at age 4 through 6 years. The second dose may be administered before age 4 years, provided at least 3 months have elapsed since the first dose. If the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.
- Catch-up vaccination:**
- Ensure that all persons aged 7 through 18 years without evidence of immunity (see MMWR 2007;56 [No. RR-4], available at <http://www.cdc.gov/mmwr/pdf/rr/r5604.pdf>) have 2 doses of varicella vaccine. For children aged 7 through 12 years the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons aged 13 years and older, the minimum interval between doses is 4 weeks.
- 11. Hepatitis A vaccine (HepA). (Minimum age: 12 months)**
- Routine vaccination:**
- Initiate the 2-dose HepA vaccine series for children aged 12 through 23 months; separate the 2 doses by 6 to 18 months.
- Children who have received 1 dose of HepA vaccine before age 24 months, should receive a second dose 6 to 18 months after the first dose.
- For any person aged 2 years and older who has not already received the HepA vaccine series, 2 doses of HepA vaccine separated by 6 to 18 months may be administered if immunity against hepatitis A virus infection is desired.
- Catch-up vaccination:**
- The minimum interval between the two doses is 6 months.
- Special populations:**
- Administer 2 doses of HepA vaccine at least 6 months apart to previously unvaccinated persons who live in areas where vaccination programs target older children, or who are at increased risk for infection.
- 12. Human papillomavirus (HPV) vaccines. (HPV4 [Gardasil] and HPV2 [Cervarix]). (Minimum age: 9 years)**
- Routine vaccination:**
- Administer a 3-dose series of HPV vaccine on a schedule of 0, 1–2, and 6 months to all adolescents aged 11–12 years. Either HPV4 or HPV2 may be used for females, and only HPV4 may be used for males.
- The vaccine series can be started beginning at age 9 years.
- Administer the second dose 1 to 2 months after the first dose and the third dose 6 months after the first dose (at least 24 weeks after the first dose).
- Catch-up vaccination:**
- Administer the vaccine series to females (either HPV2 or HPV4) and males (HPV4) at age 13 through 18 years if not previously vaccinated.
- Use recommended routine dosing intervals (see above) for vaccine series catch-up.
- 13. Meningococcal conjugate vaccines (MCV). (Minimum age: 6 weeks for Hib-MenCY, 9 months for Menactra [MCV4-D], 2 years for Menveo [MCV4-CRM]).**
- Routine vaccination:**
- Administer MCV4 vaccine at age 11–12 years, with a booster dose at age 16 years.
- Adolescents aged 11 through 18 years with human immunodeficiency virus (HIV) infection should receive a 2-dose primary series of MCV4, with at least 8 weeks between doses. See MMWR 2011; 60:1018–1019 available at: <http://www.cdc.gov/mmwr/pdf/wk/mm6030.pdf>.
- For children aged 2 months through 10 years with high-risk conditions, see below.
- Catch-up vaccination:**
- Administer MCV4 vaccine at age 13 through 18 years if not previously vaccinated.
- If the first dose is administered at age 13 through 15 years, a booster dose should be administered at age 16 through 18 years with a minimum interval of at least 8 weeks between doses.
- If the first dose is administered at age 16 years or older, a booster dose is not needed.
- For other catch-up issues, see Figure 2.
- Vaccination of persons with high-risk conditions:**
- For children younger than 19 months of age with anatomic or functional asplenia (including sickle cell disease), administer an infant series of Hib-MenCY at 2, 4, 6, and 12–15 months.
- For children aged 2 through 18 months with persistent complement component deficiency, administer either an infant series of Hib-MenCY at 2, 4, 6, and 12 through 15 months or a 2-dose primary series of MCV4-D starting at 9 months, with at least 8 weeks between doses. For children aged 19 through 23 months with persistent complement component deficiency who have not received a complete series of Hib-MenCY or MCV4-D, administer 2 primary doses of MCV4-D at least 8 weeks apart.
- For children aged 24 months and older with persistent complement component deficiency or anatomic or functional asplenia (including sickle cell disease), who have not received a complete series of Hib-MenCY or MCV4-D, administer 2 primary doses of either MCV4-D or MCV4-CRM. If MCV4-D (Menactra) is administered to a child with asplenia (including sickle cell disease), do not administer MCV4-D until 2 years of age and at least 4 weeks after the completion of all PCV13 doses. See MMWR 2011;60:1391–2, available at <http://www.cdc.gov/mmwr/pdf/wk/mm6040.pdf>.
- For children aged 9 months and older who are residents of or travelers to countries in the African meningitis belt or to the Hajj, administer an age appropriate formulation and series of MCV4 for protection against serogroups A and W-135. Prior receipt of Hib-MenCY is not sufficient for children traveling to the meningitis belt or the Hajj. See MMWR 2011;60:1391–2, available at <http://www.cdc.gov/mmwr/pdf/wk/mm6040.pdf>.
- For children who are present during outbreaks caused by a vaccine serogroup, administer or complete an age and formulation-appropriate series of Hib-MenCY or MCV4.
- For booster doses among persons with high-risk conditions refer to <http://www.cdc.gov/vaccines/pubs/acip-list.htm#mening>.



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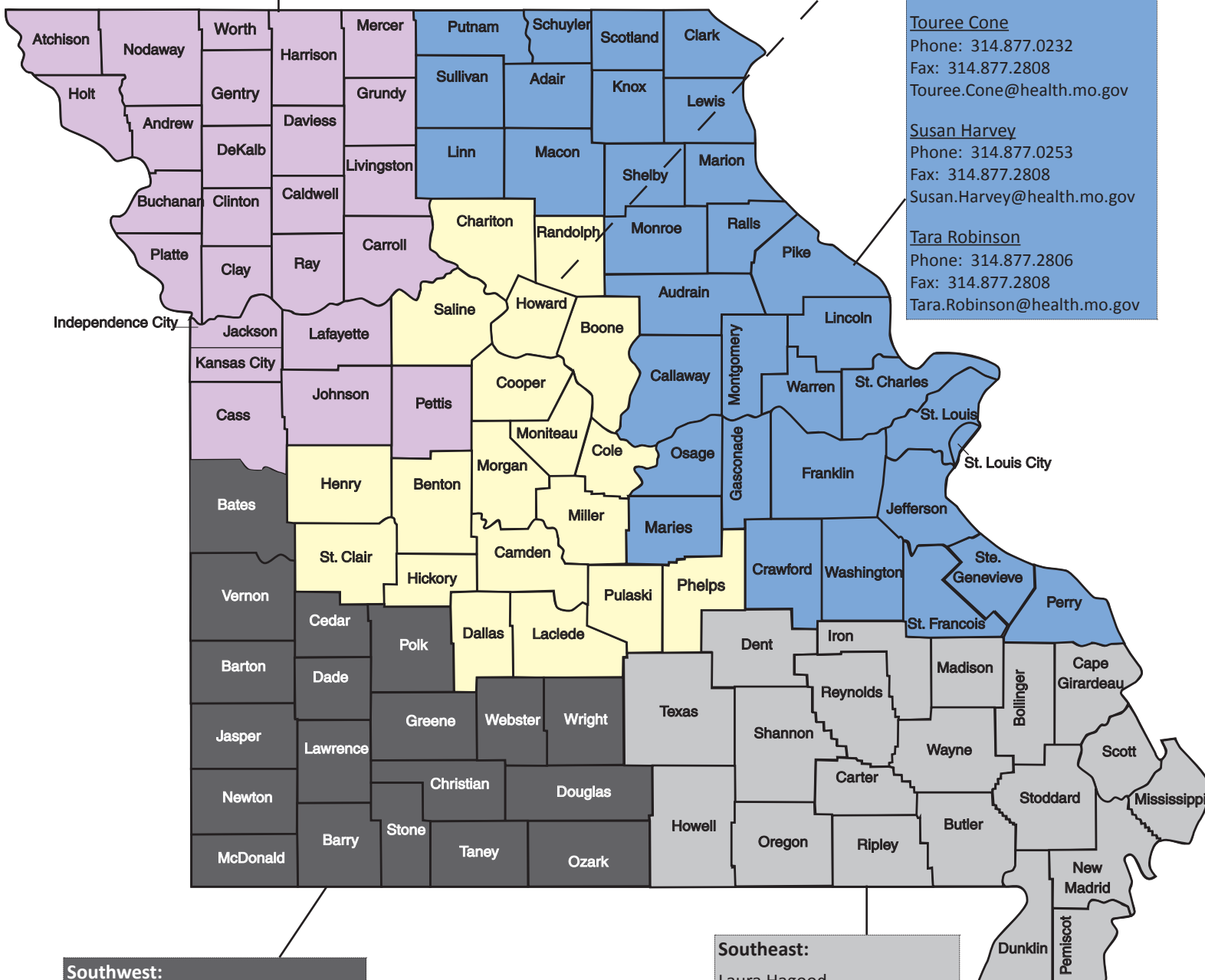
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Tally Sheet of Assessed Children

Date: _____

Note: This tool has been created to help aid in evaluating the immunization status and completing the *Child Care/Preschool Immunization Status Report*. If the child has a medical or parent/guardian exemption on file for a specific vaccine place a "M" or "P" in the top-right corner of the appropriate vaccine column. If the child is in progress for a specific vaccine place a check mark in the top-left corner of the appropriate vaccine column. If the child is noncompliant for a specific vaccine, circle the number of doses in the appropriate vaccine column.

	DOB	Age Group	DTaP	Polio	Hib	Hep B	PCV	MMR	Varicella	Varicella Disease	No Record (√)
A											
B											
C											
D											
E											
F											
G											
H											
I											
J											
K											
L											
M											
N											



Completing the *Tally Sheet of Assessed Children*

1. For each child that is enrolled within your facility you must first determine the child's age when completing this assessment. Related children must be included in this survey.
2. Once you have determined the ages of the children you will then want to sort the children's immunization records into five age groups.
 - 0 thru 2 months
 - 3 thru 4 months
 - 5 thru 6 months
 - 7 thru 18 months
 - 19 months to kindergarten entry
3. Take the immunization records from the first age group, for example 0 thru 2 months and record each child onto the tally sheet of assessed children.
4. Record the child's date of birth, age group and then the number of doses received for each required vaccine according to their immunization record. The required vaccines include:
 - DTaP
 - Polio
 - Hib
 - Hep B
 - PCV
 - MMR
 - Varicella
5. Record the proof of varicella in the varicella disease column.
6. Place an "M" or a "P" in the top-right corner of the appropriate vaccine column if the child has a medical or parent/guardian exemptions on file for a specific vaccine.
7. Place a check mark in the top-left corner of the appropriate vaccine column if the child is in progress for a specific vaccine.
8. Circle the number of doses in the appropriate vaccine column if the child is noncompliant for a specific vaccine.
9. Place a check mark in the no record column if the child has no record on file.
10. Repeat each of these steps for all age groups.





MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
2013-2014 CHILD CARE/PRESCHOOL IMMUNIZATION STATUS REPORT

By January 15, 2014 this completed IMM.P.32 form must be forwarded to:
Missouri Department of Health and Senior Services
Bureau of Immunization Assessment & Assurance
P.O. Box 570
Jefferson City, MO 65102-0570
(573) 751-6124 toll free 1-800-219-3224
Fax: (573) 526-0238

Facility Name and Address:

Mailing Address Correct: ☐ Yes ☐ No
(If no, please make corrections on the label to the right)

County:

DVN:

Phone:

Email Address:

If 10 or more preschool age children (birth to school entry) are enrolled, complete entire report and return by January 15, 2014.
If less than 10 preschool age children (birth to school entry) are enrolled, check box and return report by January 15, 2014. ☐

2013-2014	PRESCHOOL AGE GROUPS				
	0 thru 2 months	3 thru 4 months	5 thru 6 months	7 thru 18 months	19 months to Kindergarten entry
NUMBER ENROLLED: PLEASE ENTER THE TOTAL NUMBER OF CHILDREN ENROLLED - BY AGE GROUP					
DTAP/DT	not applicable	1 dose	2 doses	3 doses	4+ doses
Children fully immunized					
Children in progress					
Children with medical exemption					
Children with parental exemption					
Children in noncompliance with immunization record					
Children in noncompliance without immunization record					
POLIO (IPV)	not applicable	1 dose	2 doses	2 doses	3+ doses
Children fully immunized					
Children in progress					
Children with medical exemption					
Children with parental exemption					
Children in noncompliance with immunization record					
Children in noncompliance without immunization record					
HIB	not applicable	1 dose	1+ doses	2+ doses	3+ doses
Children fully immunized					
Children in progress					
Children with medical exemption					
Children with parental exemption					
Children in noncompliance with immunization record					
Children in noncompliance without immunization record					
HEPATITIS B	1 doses	2 doses	2 doses	2 or 3+ doses	3+ doses
Children fully immunized					
Children in progress					
Children with medical exemption					
Children with parental exemption					
Children in noncompliance with immunization record					
Children in noncompliance without immunization record					
PCV (Pneumococcal)	not applicable	1 dose	2 doses	3 doses	4 doses
Children fully immunized					
Children in progress					
Children with medical exemption					
Children with parental exemption					
Children in noncompliance with immunization record					
Children in noncompliance without immunization record					
MMR (MEASLES, MUMPS, RUBELLA)	not applicable				1 dose
Children fully immunized					
Children with medical exemption					
Children with parental exemption					
Children in noncompliance with immunization record					
Children in noncompliance without immunization record					
VARICELLA	not applicable				1 dose or proof of disease
Children fully immunized					
Children with proof of disease					
Children with medical exemption					
Children with parental exemption					
Children in noncompliance with immunization record					
Children in noncompliance without immunization record					
Prepared by:	Title:			Date:	

Title 19 – DEPARTMENT OF HEALTH Division 20 – Division of Environmental Health and Communicable Disease Prevention Chapter 28 - Immunization

19 CSR 20-28.040 Day Care Immunization Rule

PURPOSE: This rule establishes immunization requirements in accordance with recommendations of the Advisory Committee on Immunization Practices (ACIP) for all children attending public, private, or parochial day care, preschool or nursery schools caring for ten or more children, and describes actions to be taken to ensure compliance with section 210.003, RSMo.

(1) As mandated by section 210.003, RSMo, the administrator of each public, private, or parochial day care center, preschool, or nursery school caring for ten (10) or more children shall have a record prepared showing the immunization status of every child enrolled in or attending a facility under the administrator’s jurisdiction. An annual summary report shall be made by January 15 of each year showing the immunization status of each child enrolled using forms provided for this purpose by the Department of Health and Senior Services. All facilities caring for or licensed for ten (10) or more children must submit a summary report. This report shall include immunization information by age up to kindergarten entry, by vaccine antigen, number of children enrolled, number of children fully immunized, number of children in progress, number of children with signed medical exemption, number of children with signed parental exemption, number of children in noncompliance, and number of children with proof of varicella disease.

(2) No child shall enroll in or attend a public, private, or parochial day care center, preschool, or nursery school caring for ten (10) or more children unless the child has been adequately immunized according to this rule. Children attending elementary school who receive before or after school care, or both, shall meet the immunization requirements established in the School Immunization Rule, 19 CSR 20-28.010. Age-appropriate vaccine requirements will be according to the attachments listed in section (5).

(3) Section 210.003, RSMo, provides that a child who has not completed all appropriate immunizations may enroll if—

(A) Satisfactory evidence is produced that the child has begun the process of immunization. The child may continue to attend as long as they have started an immunization series and provide satisfactory evidence indicating progress is being accomplished. The Department of Health and Senior Services form Imm.P.14, included herein, shall be completed and placed on file with the child’s immunization health record for each child with immunizations in progress. Failure to meet the next scheduled appointment constitutes noncompliance with the day care immunization law, and action shall be initiated immediately by the administrator to have the child excluded from the facility.

(B) The parent or guardian has signed and placed on file with the day care administrator a statement of exemption which may be either of the following:

1. A medical exemption, by which a child shall be exempted from the requirements of this rule upon signed certification by a licensed doctor of medicine (MD), doctor of osteopathy (DO), or his or her designee indicating that either the immunization would seriously endanger the child’s health or life, or the child has documentation of disease or laboratory evidence of immunity to the disease. The Department of Health and Senior Services’ form Imm.P.12, included herein, shall be placed on file with the immunization record of each child with a medical exemption. The medical exemption need not be renewed annually; or

2. A parent or guardian exemption, by which a child shall be exempted from the requirements of this rule if one (1) parent or guardian files a written objection to immunization with the day care administrator. The Department of Health and Senior Services’ form Imm.P.11, included herein, shall be signed by the parent or guardian and placed on file with the immunization record of each child with a parental exemption. The parental exemption must be renewed annually.

(4) The parent or guardian shall furnish the day care administrator satisfactory evidence of completion of the required immunizations, exemption from immunization, or progress toward completing all required immunizations. Satisfactory evidence of immunization means a statement, certificate, or record from a physician or his or her designee, other recognized health facility, or immunization registry stating that the required immunizations have been given to the person and verifying type of vaccine. This statement, certificate, or record shall provide documentation of the specific antigen and the month, day, and year of vaccine administration. However, if a child has had varicella (chickenpox) disease, a licensed healthcare provider (e.g., school or occupational clinic nurse, nurse practitioner, physician assistant, physician) may sign and place on file with the day care administrator a written statement documenting previous varicella (chickenpox) disease. The statement may contain wording such as: “This is to verify that (name of child) had varicella (chickenpox) disease on or about (date) and does not need varicella vaccine.”

(5) Immunization requirements for children attending day care facilities shall be:

(A) Missouri Day Care Immunization Requirements Vaccines Received 0–6 Years of Age, included herein; and

(B) Catch-up Immunization Schedule for Persons Aged 4 Months–6 Years Who Start Late or Who Are More Than 1 Month Behind, included herein.

AUTHORITY: sections 192.006 and 210.003, RSMo 2000. Emergency rule filed Aug. 1, 1995, effective Aug. 11, 1995, expired Dec. 8, 1995. Original rule filed April 17, 1995, effective Nov. 30, 1995. Emergency amendment filed June 14, 2000, effective June 24, 2000, expired Feb. 22, 2001. Amended: Filed June 14, 2000, effective Nov. 30, 2000. Amended: Filed Jan. 3, 2001, effective July 30, 2001. Amended: Filed Oct. 1, 2008, effective March 30, 2009. Amended: Filed Nov. 30, 2011, effective June 30, 2012.*

**Original authority: 192.006, RSMo 1993, amended 1995; 210.003, RSMo 1988.*

Completing the *Child Care/Preschool Immunization Status Report*

1. Ensure the name of the facility and address on the top portion of the form are correct. If not, make corrections on the label.
2. Use the *Tally Sheet of Assessed Children* to enter the current enrollment for **each age group**.
3. For **each age group** and **each required immunization** enter the following:
 - The number of children fully immunized.
 - The number of children in progress to complete immunization series. (**In progress means the child is waiting to complete the series, but is not eligible to receive the immunizations due to timeframe between doses.**)

An Immunizations In Progress form (Imm.P.14) must be on file.

 - The number of children with proof of disease, for varicella only.
 - The number of children with a **Medical Immunization Exemption** form (Imm.P.12) on file.
 - The number of children with a **Parent/Guardian Immunization Exemption** form (Imm.P.11) on file.
 - The number of children in noncompliance with immunization record.
 - The number of children in noncompliance without immunization record.
4. Enter the date, name and title of the individual completing the form and send to the Missouri Department of Health and Senior Services, Bureau of Immunization Assessment and Assurance, P.O. Box 570, Jefferson City, MO 65102, by **January 15, 2014**.



(CHILD CARE LETTERHEAD)

Dear Parent/Guardian:

State law and health regulations require children to be properly immunized and provide verification to attend child care/preschool, unless they are exempt.

Children attending child care/preschool must be immunized against diphtheria, tetanus, pertussis, polio, *Haemophilus influenza* type b, hepatitis B, pneumococcal, measles, mumps, rubella, and varicella. All children are required to provide documentation that includes the month, day and year the vaccine was administered.

Immunization records for your child are incomplete and the below information outlines your child's immunization status. Please take this to your medical provider so your child can be properly immunized and attend child care/preschool.

If your child has had the immunization(s) noted below, please send or bring a record from a medical provider no later than _____. Please call _____, with any questions.

Sincerely,

☐ **No immunization record on file - provide a complete immunization record.**

☐ **Diphtheria, Tetanus, Pertussis (DTaP, DT)**

m Series incomplete. (Dose[s] needed _____).

m Less than six months between doses three and four.

☐ **Polio (IPV)**

m Series incomplete. (Dose[s] needed _____).

☐ ***Haemophilus influenza* type b (Hib)**

m Series incomplete. (Dose[s] needed _____).

m Last dose received before first birthday.

☐ **Hepatitis B**

m Series incomplete. (Dose[s] needed _____).

m Invalid spacing between doses.

m Last dose received before 24 weeks of age.

☐ **Pneumococcal (PCV)**

m Series incomplete. (Dose[s] needed _____).

m Last dose received before first birthday.

☐ **Measles, Mumps and Rubella (MMR)**

m Vaccination incomplete. (Dose[s] needed _____).

m Vaccination for Measles, Mumps and Rubella since vaccine was received before first birthday.

☐ **Varicella**

m Vaccination incomplete. (Dose[s] needed _____ or written statement from doctor of medicine (MD) or doctor of osteopathy (DO) indicating month and year of disease).

m Vaccination for Varicella is required since vaccine was received before first birthday.